



CITY OF MUSKEGON
WATER DEPARTMENT
SERVICE CHANGE REQUEST FORM
(SEE INSTRUCTIONS)

FILL OUT THIS SIDE TO STOP WATER SERVICE

I REQUEST THAT WATER SERVICE BE: (MARK ALL THAT APPLY)

- ☐ SHUT OFF BY THE CITY ON: (FEE \$25.00) _____ / _____ / _____
- ☐ TRANSFERRED FROM MY NAME ON: _____ / _____ / _____
MUST COMPLETE FINAL READ BELOW

SERVICE ADDRESS _____
STREET
CITY STATE ZIP

NAME (PRINTED) _____
☐ OWNER ☐ TENANT ☐ SELLER

SOCIAL SECURITY NO. _____ - _____ - _____

PHONE (____) _____ - _____

DATE OF BIRTH ____ / ____ / ____ DRIVERS LICENSE # _____

FINAL READ INFORMATION

PLEASE READ METER AND RECORD NUMBERS BELOW. READ MUST BE FROM INSIDE METER. BOTH TRANSFERRING PARTIES MUST INITIAL FINAL READ.

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READ NUMBERS ON WHITE BACKGROUND

INITIALS _____ INITIALS _____

* A \$25.00 FEE IS CHARGED FOR FINAL READS PERFORMED BY THE CITY. TO Receive A \$10.00 CREDIT ON WATER BILL, BOTH PARTIES MUST INITIAL FINAL READ.

MAIL FINAL BILL TO:

NAME _____
STREET _____
CITY STATE ZIP

SIGNATURE _____
CURRENT CUSTOMER

**WATER DEPT.
USE ONLY**

SERVICE ADDRESS _____
ACCOUNT NUMBER _____

FILL OUT THIS SIDE TO START WATER SERVICE

I REQUEST THAT WATER SERVICE BE: (MARK ALL THAT APPLY)

- ☐ TURNED ON THE FOLLOWING DATE: _____ / _____ / _____
SERVICE TURN ON
- * ☐ CHANGE MAILING ADDRESS (SEE BELOW)
- ☐ TRANSFERRED TO MY NAME ON: _____ / _____ / _____

SERVICE ADDRESS _____
STREET
CITY STATE ZIP

NAME (PRINTED) _____
☐ OWNER ☐ TENANT ☐ SELLER

SOCIAL SECURITY NO. _____ - _____ - _____

PHONE (____) _____ - _____

DATE OF BIRTH ____ / ____ / ____ DRIVERS LICENSE # _____

* IF YOU WOULD LIKE THE BILL SENT TO AN ADDRESS OTHER THAN THE SERVICE ADDRESS, COMPLETE THE FOLLOWING:

NAME _____
STREET _____
CITY STATE ZIP

OTHER COMMENTS: (SEE INSTRUCTIONS "E")

SIGNATURE _____
NEW CUSTOMER

INSTRUCTIONS:

- A. TRANSFER OF SERVICE OCCURS BETWEEN:
 - 1. BUYER - SELLER (OWNERSHIP TRANSFER).
 - 2. OLD TENANT - NEW TENANT (CHANGE IN TENANCY).
 - 3. TENANT - OWNER (TRANSFER FROM OR TO OWNER).
- B. FINAL READ INFORMATION MUST BE INITIALIZED BY BOTH TRANSFERRING PARTIES.
- C. TEN DOLLAR CREDIT TO FINAL AND INITIAL WATER BILLS WILL ONLY BE RENDERED WHEN ALL REQUESTED INFORMATION HAS BEEN COMPLETED.
- D. IF A SERVICE ADDRESS DOES NOT HAVE AN INSIDE WATER METER THE CITY WILL DO THE FINAL READ AT NO CHARGE AND STILL ISSUE TEN DOLLAR CREDIT IF ALL OTHER INFORMATION HAS BEEN COMPLETED.
- E. USE "OTHER COMMENTS" SECTION TO DESCRIBE SPECIAL CIRCUMSTANCES, IE: LAND CONTRACT TRANSACTION, TENANT - LANDLORD TRANSACTION.
- F. MAIL COMPLETED FORM TO:
 - CITY OF MUSKEGON
 - WATER DEPARTMENT
 - PO BOX 536
 - MUSKEGON, MI 49443-9991
- G. MAKE COPIES OF THE COMPLETED FORM FOR YOUR PERSONAL INFORMATION, IF NEEDED.
- H. FOR ASSISTANCE, CALL (231)724-6718